

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33917

State File No.

BIRTH NO.		REG. DIST. NO. 333	PRIMARY REG. DIST. NO. 3074	Registrar's No. 188
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2259		
d. FULL NAME OF (If not in hospital or institution, give street address or location) Mo. Delta Community Hosp.		d. STREET ADDRESS (If rural, give location) 221 South Broadway 1		
3. NAME OF DECEASED (Type or Print) William		a. (First) William	b. (Middle) O	c. (Last) Hicks
4. DATE OF DEATH (Month) (Day) (Year) 9-19-1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Unknown 1895		9. AGE (In years last birthday) 67		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ill
12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME 21 Louis Address NONE NIECE, 221 Broadway
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Spine INTERVAL BETWEEN ONSET AND DEATH 4 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8124 25		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) Highway 61		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Scott MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 19 52 1:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by a car
22. I hereby certify that I attended the deceased from 9-19, 1952, to 9-19, 1952, that I last saw the deceased alive on 9-19, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.				
23a. SIGNATURE J. S. Lavoie, M.D. (Degree or title)		23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED 9-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-23-52		24c. NAME OF CEMETERY OR CREMATORY HORNERSVILLE
24d. LOCATION (City, town, or county) (State) HORNERSVILLE MO				
DATE REC'D BY LOCAL REG. 9-27-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 29 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 952-280

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Raymond Crews

Student Embalmer No.....

Licensed Embalmer No. 3467

P. O. Address *Likeston Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.